



OFFICE OF SHERIFF
ST. CROIX COUNTY, WISCONSIN
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715-386-4752
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Scott L. Knudson
Sheriff
Cathy R. Borgschatz
Chief Deputy

CITIZEN COMPLAINT FORM

YOUR NAME: _____

ADDRESS: _____

CITY

STATE

ZIP CODE

PHONE: _____

Briefly state the nature of the complaint:

(Use an additional sheet if necessary and supply the names and addresses of other person who have direct knowledge supporting this complaint.)

Date

Signature of Citizen

This form is to be sealed in an envelope and immediately forwarded directly to the Office of Professional Standards Lieutenant. If mailing, return form to: Lieutenant Brent Standaert at above address.

Date/Time received by Special Services Lt.

Officer(s) involved (if known)

Investigating Officer Assigned

Case Number